

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E-LIZA		05-02-01
O.I.P.E. CLASSIFIER		19	3230
FORMALITY REVIEW	JH	953	06-22-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	9 5 12 6 4 6
1	01 02 03 04 05
2	✓ ✓ ✓ ✓ ✓ A =
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10	✓ ✓ ✓ ✓ ✓ A =
11	NN
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13	✓ ✓ ✓ ✓ ✓ A =
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17	✓ ✓ ✓ ✓ ✓ A =
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19	✓ ✓ ✓ ✓ ✓ A =
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23	NN
24	✓ ✓ ✓ ✓ ✓ A =
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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